24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
LCV Victory Fund	C C00486845
Check If 24-hour report	M = M / D = D / Y = Y = Y
City State Zip Code	nde
Sumas WA 98295 Purpose of Expenditure Estimate:Phone Matching Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	ught: House State: NV Senate District: President
Shelley Berkley Check Or	ne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursen 2012	nent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams + Hussey [MEMO ITEM] Mailing Address 1600 Wilson Blvd Ste 300 Am	te
City State Zip Code Arlington VA 22209	333.33 nsaction ID : EE059108E1EA0491DB6A
Purpose of Expenditure Estimate:Telemarketing Fees Category/ Type Office So	ught: House State: NV Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley Check Or	
Calendar Year-To-Date Per Election for Office Sought 9962.89 Disburser 2012	ment For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Patrick Collins [Electronically Filed] Date 09	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y